State Snapshot 2004

FROM THE National Healthcare Quality Report

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Introduction

The Agency for Healthcare Research and Quality (AHRQ) annually publishes a wealth of information in its congressionally mandated National Healthcare Quality Report (NHQR). This *State Snapshot* series provides quick and easy access, through the Web (http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx), to the many measures and tables of the NHQR from a State-specific perspective.

Each *Snapshot* shows two areas in which the health care system of a particular State (or the District of Columbia) is doing well and two in which it might be able to improve. The examples are chosen from those measures for each State that score above average and below average, respectively, relative to all reporting States. Much more information can be viewed on the Web through the *Snapshot* series (at the address above). The *State Summary Tables* list over 100 measures, most with estimates for 2 years of data, for each State, when available from the NHQR.

Data sources, statistics used to assign the categories, calculation of averages, and criteria for selecting the examples presented below are explained at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

Iowa Overview

The *Iowa Summary Table* includes 106 measures from the most recent year of data in the 2004 NHQR (http://www.qualitytools.ahrq.gov/qualityreport/state/stateData.aspx?state=IA). For the most recent data year, Iowa has 36 measures in the above-average category (compared to all reporting States), 48 in the average category of States, and 18 in the below-average category of States. Iowa has 4 measures without sufficient data for classification. Measures in the below-average, and possibly in the average, categories indicate areas that may be fruitful for quality improvement initiatives.

Where Iowa Does Well (Examples)

In this section, the examples show a few of the measures for which the Iowa result was in the above-average group of States. For some measures, such as screening rates, the highest rate is the best result; and for other measures, such as time to treatment, the lowest rate is the best. The above-average category includes the best results however measured. A rate is considered above average when it is better than the all-State average and is statistically different from the all-State average. The all-State average reflects all States, including the District of Columbia, with available data for the measure.

A benchmark for quality improvement is provided below—the top-10-percent State average. This is the average for the five States that have the highest rates among all reporting States and the District of Columbia, 51 jurisdictions. The benchmark shows the best results attained under current medical practice. Some States may view that as a goal for improvement or may set more ambitious goals.

Example 1: Percent of women receiving prenatal care in first 3 months of pregnancy

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Iowa
2001	89.8	83.6	76.1	88.4

- This measure shows the extent to which women get prenatal care in the first 3 months of pregnancy. The higher the State estimate for this measure, the earlier care is provided to pregnant women in the State.

- In 2001, 88.4 percent of pregnant women in Iowa received prenatal care in their first trimester. This was roughly equivalent to the top-10-percent State average of 89.8 percent.
- Iowa´s estimate for this measure was above average for both the most recent year (2001) and the initial year (1998).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.56b.

Example 2: Percent of Medicare heart attack patients who smoke that were given smoking cessation counseling while hospitalized

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Iowa
2002	65.4	49.7	31.2	63.6

- This measure shows the extent to which hospital personnel counsel Medicare heart attack patients who smoke on the importance of smoking cessation. The higher the State

estimate for this measure, the better providers counsel Medicare patients with heart attack in the State.
- In 2002, 63.6 percent of Medicare patients in Iowa who were hospitalized for heart attack and identified as smokers received smoking cessation counseling while hospitalized. This was roughly equivalent to the top-10-percent State average of 65.4 percent.
- Iowa's estimate for this measure was above average for the most recent year (2002). This was an improvement from Iowa´s rate in 2000-2001, when it was in the average group.
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.41b.

Where Improvement May Be Needed (Examples)

The examples in this section are measures for which the Iowa result was in the below-average group of States. To understand how to use these results, see the following section (How To Use the Information). How results on each measure are classified into the below-average category is described at http://www.qualitytools.ahrq.gov/qualityreport/state/method.aspx.

The bottom-10-percent State average is provided as a parallel to the top-10-percent State average. Comparison of the two averages shows how far the five States with the lowest rates have to improve to achieve the results of the five States with the best rates.

Example 3: Percent of dialysis patients with a blood urea reduction ratio (URR) of 65 percent or higher

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Iowa
2002	95.6	90.7	86.9	88.7

- This measure shows how effectively dialysis centers provide dialysis for patients with kidney failure. A urea reduction ratio of 65 or greater indicates effective reduction of urea, a waste product in the blood, during dialysis. The higher the State estimate for this measure, the more effective dialysis treatment in the State.

- In 2002, 88.7 percent percent of end stage renal disease patients in Iowa had a urea reduction ratio greater than 65. This was roughly equivalent to the bottom-10-percent State average of 86.9 percent. The top-10-percent State average was 95.6 percent.
- Iowa's estimate for this measure was below average for the most recent year (2002). This represented a decline from Iowa´s rate in 2000, when it was in the average group.
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.29b.

Example 4: Percent of adults who had their blood cholesterol checked in last 5 years

Most recent data year	Top-10-percent State average	All-State average	Bottom-10-percent State average	Iowa

2002	79.8	71.9	65.4	69.9

- This measure shows how effectively physicians screen their patient population for blood cholesterol, a risk factor for heart disease and stroke. The higher the State estimate for this measure, the greater the cholesterol screening rate in the State.
- In 2002, 69.9 percent of adults in Iowa had received a blood cholesterol test within the past 5 years. This was roughly equivalent to the bottom-10-percent State average of 65.4 percent. The top-10-percent State average was 79.8 percent.
- Iowa's estimate for this measure was below average for both the most recent year (2002) and the initial year (2001).
- To view all States on this measure in the 2004 NHQR, see Appendix Table 1.34b.

How To Use the Information

The NHQR offers a rare opportunity for States and the District of Columbia to view their health care systems in comparison to other State systems on about 100 quality measures. All States have measures in both the above-average and the below-average groups. A first step to determining whether and in which areas quality improvement should be fostered in a State is to study measures in the State Summary Table (http://www.qualitytools.ahrq.gov/qualityreport/state/statedata.aspx?state=IA). Understanding what these measures mean will require insight from many experts familiar with the health care system in the State as well as with quality measurement and improvement strategies. It may also require more study and data collection to determine that a problem actually exists or to identify underlying problems and possible solutions. For example, factors that affect specific population subgroups may underlie apparent health care quality problems and may thus require outreach focused toward those groups. Health care processes also may contribute to poor results, and thus quality improvement may require change in behavior of health care providers. AHRQ hopes that these data aid Iowa leaders in exploring the quality of health care in their jurisdiction and in working to improve it.

For More Information

State Snapshots and State Summary Tables for each State are available on the Internet at http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx. For additional information on this topic, please send e-mail to QRDRInquiries@ahrq.gov.

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